

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522748

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				2		
5				2		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
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18				1		
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21				1		
22				1		
23			1			
24				1		
25			1			
26			1			
27				2		
28				2		
29				2		
30				2		
31				2		
32				1		
33				1		
34				2		
35				2		
36				2		
37				2		
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41				2		
42				2		
43				2		
44				1		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	58	←		←
TOTAL CLAIMS			62			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						